

**ALABAMA BOARD OF NURSING  
P. O. BOX 303900  
MONTGOMERY, ALABAMA 36130-3900**

**Prescription Verification**

<b>Licensee Information</b>	<b>Select Compliance Monitor</b>
<b>NAME:</b>	___VDAP: Mary Ed Davis, DNP, MSN, RN, Director Telephone: 334-293-5227 Fax: 334-293-5208 e-mail: <a href="mailto:maryed.davis@abn.alabama.gov">maryed.davis@abn.alabama.gov</a>
<b>LICENSE #:</b>	___Discipline: Cathy Boden, MSN, RN, Director Telephone: 334-293-5229 Fax: 334-293-5209 e-mail: <a href="mailto:cathy.boden@abn.alabama.gov">cathy.boden@abn.alabama.gov</a>
<b>CASE #:</b>	

**Instructions:** The nurse named above is monitored by the Alabama Board of Nursing in Probation OR the Voluntary Disciplinary Alternative Program (VDAP). The appropriate Board contact is marked.

This form acknowledges that your patient has informed you of the reason(s) that he/she is being monitored by the Alabama Board of Nursing. Please list the prescribed medications which you believe are medically appropriate and necessary, despite the patient's history.

Date	Medication Prescribed	Directions for Use	Dispensed/ Refills	Reason for Medication

**Signature of Person Completing the Form:** \_\_\_\_\_

**Name of Prescriber (please print):** \_\_\_\_\_

**Signature of Prescriber:** \_\_\_\_\_

**Mailing Address & Telephone:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS.**

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**INSTRUCTIONS**

**TO:           Prescriber**

**FROM:       Mary Ed Davis, DNP, MSN, RN, VDAP Director  
              Cathy Boden, MSN, RN, Director, Compliance & Discipline**

The nurse requesting you to complete this form is monitored by the Alabama Board of Nursing as a participant in either the Voluntary Disciplinary Alternative Program (VDAP) or Probation/Disciplinary Monitoring. As part of the monitoring, the nurse is required to provide documentation of ALL MEDICATIONS he/she is directed to take.

1. The form must be completed at the health care provider's location, and the form may be mailed OR faxed to the Board of Nursing.
2. If any part of the form is completed by office staff, the signature of that person must be in the space provided.
3. The ORIGINAL signature of the provider is required.
4. If any information is omitted or illegible, the form will be returned.

The Board of Nursing believes a nurse should receive any treatment deemed medically necessary. However, monitored nurses should avoid certain medications, and questions may be raised about chronic use of these medications.

The Board's reference for use of medications in monitoring nurses is **Medication Guide Version 1.7,** and may be found at <http://www.paulearley.net/download/medication-guide/file>.

The nurse may require additional documentation about conditions for which certain substances may be prescribed. Your cooperation and assistance in these matters is appreciated.